



**VERIFICATION OF LIABILITY COVERAGE
FOR CONTRACT DIVERS
DIVING WITH NOAA**

Name of contract diver: _____

Name of employer: _____

Name of NOAA unit involved: _____

Dates of dive activities: _____

This is to verify that the above named individual is covered for costs associated with any dive accident or other medical emergency that may occur while participating in diving operations under NOAA auspices.

Note: Please indicate below the type and extent of coverage, including, but not limited to: emergency transportation (e.g., MEDIVAC), hyperbaric or other medical treatment, hospitalization, and compensation for lost wages associated with extended absence due to work-related medical emergencies (e.g., workers' compensation). You may attach additional information, if necessary.

<u>Type & Extent of Coverage</u>	<u>Dates of Coverage</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments:

Signature of Company Representative

Title/Position

Date